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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

407327 APPLICATION NUMBER: Total Fee Calculation Number Total Fee Code # Claims Fee Extra Total Lg. Eatity Sm/Lg. Sm. Entity 760 Basic Filing Fee 201/101 Total Claims >20 203/103 Independent Claims >3 202/102 Mult. Dep Claim Present 204/104 Surcharge 205/105 English Translation 139 TOTAL FEE CALCULATION Fees due upon filing the application: Total Filing Fees Due =

Office of Initial Patent Examination

Figurë 7

FORM OIPE-RAM-01 (Rev. 12/97)

Less Filing Fees Submitted

BALANCE DUE

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		lr	RATE	FEE	1	RATE	FEE
BASIC FEE							}		10112	380.00		10/12	760.00
TOTAL CLAIMS			//	minus	20-					000.00	OR		700.00
			7 6					╽	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus	3 =	*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	/	
* If the difference in column 1 is less than zero, enter "0" in column 2								:	TOTAL		OR	TOTAL	160
CLAIMS AS AMENDED - PART II												OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		REM Al	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* /	6	Minus	**	20	= -		X\$ 9=		OR	X\$18=	
AME	Independent	*	7	Minus	***		=	Γ	X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MI	JLTIPLE DEF	PEND	DENT CLAIM			+130=		OR	7-70 + 260 =	0
									TOTAL DDIT. FEE	~	OR ,	TOTAL ADDIT. FEE	
		(Col	umn 1)		(C	olumn 2)	(Column 3)	.~	DD11.1 EE				
AMENDMENT B		REM A	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	ind pendent	*		Minus	***		=	r	X39=			X78=	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	PEND	ENT CLAIM		┢			OR		
								L	+130=		OR	+260=	
								A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
			umn 1) AIMS			olumn 2)	(Column 3)						
AMENDMENT C		REM AF	AINING TER IDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	2	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	F	X39=		OR	X78=	
	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM		-			Ì		
* t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260=	
***	f th "Highest Nu If the "Highest Nu The "High st Nurr	mber Pre mb r Pr	viously Pa viously Pa	id For" IN THIS	S SPA S SPA	CE is less that CE is less that	n 20, enter "20." n 3. enter "3."	~L	TOTAL DDIT. FEE d in the app	oropriate box		TOTAL ADDIT. FEE Jamn 1.	